

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

14005

State File No.

LED MAY 8 1953

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|---|-------------------------------|---|-----------------------------------|--|---|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>144</u> | | PRIMARY REG. DIST. NO. <u>5562</u> | | Registrar's No. <u>10</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Iron</u> <u>04705</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u> <u>Creola</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grubville</u> | | | |
| c. LENGTH OF STAY (In this place) <u>8 years</u> | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Old Folks Home</u> | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>James</u> | | b. (Middle) <u>Ellis</u> | | c. (Last) <u>Henry</u> | |
| 4. DATE OF DEATH | | (Month) <u>5</u> | | (Day) <u>3</u> | | (Year) <u>1953</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>2-19-1879</u> | 9. AGE (In years last birthday) <u>74</u> | 10. UNDER 1 YEAR Months <u>2</u> Days <u>11</u> | 11. UNDER 1 MO. Hours <u></u> Min. <u></u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Grubville, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Daniel Henry</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emily C. Frost</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edith</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>George W. Henry, Grubville, Mo</u> ADDRESS | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart deficiency</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteritis</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>April 27, 1953, to May 3, 1953</u> , that I last saw the deceased alive on <u>May 1, 1953</u> , and that death occurred at <u>8:20 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>E. McGinty, M.D.</u> | | | | 23b. ADDRESS <u>Lesterville Mo</u> | | 23c. DATE SIGNED <u>5/4/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-6-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Grubville Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Grubville, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>5-6-53</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> <u>125</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SMITH FUNERAL HOME, POTOMI, MO</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.